


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  02/23/2017
NAME OF PROVIDER OR SUPPLIER  WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 8801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding taken:		
F 332 SS=D	<p>483.46(f)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>(f) Medication Errors. The facility must ensure that its-</p> <p>(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation and interview, the facility failed to ensure a medication error rate less than 5% by incorrectly administering medication for 2 residents (#217 and #188), of 12 residents reviewed for medication administration, of 32 residents reviewed.</p> <p>The findings included:</p> <p>Review of the "Medication Administration...rev [revised] 3.16.16" revealed "...Administer medication within 60 minutes of the scheduled time..."</p> <p>Medical record review revealed Resident #188 was admitted to the facility on 9/25/16 with diagnoses including Cerebral Infarction, Congestive Heart Failure, and Essential Hypertension.</p>	F 332	<p>1. Physician and resident #188 notified on 2/22/2017 by Unit Manager of medication error. A one-time order was received from the physician to give 8:00pm medication at 9:30pm on 2/22/2017. RN# 3 was immediately in-service on 2/22/2017 by Assistant Director of Nursing on medication administration requirements. Resident #188 was assessed by the Nurse practitioner on 3/10/2017. Physician and responsible party for resident #217 was notified on 3/10/2017 by Regional Director of Clinical Services and the Assistant Director of Nursing that 8:00pm medication was given 9:42pm on 2/22/2017. No additional orders were received. Resident # 217 was assessed by the Nurse Practitioner on 3/10/2017.</p> <p>2. All residents have the potential to be affected. Medication times were adjusted for each hall on 3/1/2017 by Director of Nursing and Regional Director of Clinical Services to ensure medications will be administered within one hour before or one hour after the scheduled ordered time.</p> <p>3. 100% of licensed nurses will be in-service on medication administration regulations regarding medications must be administered one hour before and one hour after scheduled administration time by pharmacy nurse and will be completed by 3/22/2017. 100% of licensed nurses will be in-service on new medication times by the Staff Development Coordinator, Director of Nursing, Assistant Director of Nursing, and the Unit Managers by 3/22/2017.</p>	03/26/2017	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
		Administrator		03/17/2017	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37818		
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F 332	Continued From page 1  Medical record review revealed a medication order for "...Protonix [medication to decrease stomach acid] 40 mg [milligrams]... po [by mouth] q [every] d [day] 8 P [PM]..."  Observation of RN #3 on 2/21/17 at 9:28 PM, in the resident's room, revealed the nurse administering Protonix 40 mg to Resident #188.  Interview with RN #3 on 2/21/17 at 9:28 PM, standing beside the medication cart, confirmed the Protonix was to be administered at 8:00 PM and the resident did not receive it until 9:28 PM. The late administration of the medication resulted in a medication error.  Medical record review revealed Resident # 217 was admitted to the facility on 2/16/17 with diagnoses including Cerebral Infarction, Encephalopathy, Type 2 Diabetes Mellitus, and Hyperlipidemia.  Medical record review of Resident # 217's Admission Orders 2/16/17 revealed "...Atorvastatin [medication for high cholesterol] 40 mg q HS [hour of sleep] 8P..." Further review revealed a medication order written 2/18/17 "Mucinex [expectorant] 400 mg...q 12 [hour] congestion...8A [8 AM] 8P..."  Interview with RN #2 on 2/21/17 at 9:42 PM, standing beside the medication cart, confirmed "I am giving meds that were due at 8PM..." Resident # 217's Atorvastatin and Mucinex were not administered at 8:00 PM as ordered.	F 332	Continued From page 1  4. Medication pass audits for medication administration times will be conducted on each shift daily for 1 week by the unit managers for 1st shift and senior nurses for 2nd shift, then 3x a week for 1 week, then weekly for 4 weeks, then monthly x 3 months or until substantial compliance is met. The Director of Nursing will present audit results to the Quality Assurance Performance Improvement (QAPI) Committee monthly for review and further recommendations. QAPI Committee members include: Administrator, Director of Nursing, Staff Development Coordinator, Director of Social Services, Director of Dietary, Environmental Services Director, Nurse Unit Managers, Minimum Data Set Coordinator, Director of Rehab Services and Medical Director.		
F 356 SS=D	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION	F 356	1. The nurse staffing information was posted on the first floor hallway by the Unit Manager on 2/21/2017 to accurately reflect the current nursing staff on duty.	03/28/2017	

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F 356	Continued From page 2  483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis:  (i) Facility name.  (ii) The current date.  (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:  (A) Registered nurses.  (B) Licensed practical nurses or licensed vocational nurses (as defined under State law)  (C) Certified nurse aides.  (iv) Resident census.  (2) Posting requirements.  (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.  (ii) Data must be posted as follows:  (A) Clear and readable format.  (B) In a prominent place readily accessible to residents and visitors.  (3) Public access to posted nurse staffing data.	F 356	Continued From page 2  2. No residents were affected.  3. The Administrator and Director of Nursing were in-serviced by the Regional Director of Operations and Regional Director of Clinical Services on the requirements of making nurse staffing data available to the public. In-service completed on 2/21/2017. The licensed nurses will be in-serviced by the Unit Managers regarding the requirements of posting nurse staff working for a 24 hour period by 3/22/2017.  4. Audits will be conducted by the Administrator, Director of Nursing, or Weekend Supervisor daily x 2 weeks, then 5 days per week x 3 months until substantial compliance is met. The Director of Nursing will present audit results to the Quality Assurance Performance Improvement (QAPI) Committee monthly for review and further recommendations. QAPI Committee members include: Administrator, Director of Nursing, Staff Development Coordinator, Director of Social Services, Director of Dietary, Environmental Services Director, Nurse Unit Managers, Minimum Data Set Coordinator, Director of Rehab Services and Medical Director.		

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F 356	Continued From page 3 The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.  (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post accurate nurse staffing information as required.  The findings included:  Observation on 2/21/17, at 9:20 AM, at the first floor hallway, revealed the staffing information posted did not accurately reflect the nursing staff on duty for the current day. Continued observation of the posted staffing revealed, the staffing information posted was the staff scheduled for Monday, 2/20/17, and had not been updated to reflect current nursing staff in the facility on 2/21/17.  Interview with RN #1 at the time of the observation on 2/21/17, confirmed the staffing information did not reflect the current nursing staff present; and confirmed the facility failed to post accurate staffing.	F 356			
F 371 SS=F	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 371	1. The dish machine had an element in need of repair; the element was replaced by the Maintenance Director on 2/22/17. The dish machine is operating at 180 degrees for the wash cycle and at 180 degrees for the rinse cycle ensuring proper sanitation.	03/28/2017	

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F 371	<p>Continued From page 4</p> <p>(I) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(II) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(III) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(I)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(I)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on manufacturer guidelines, observation and interview, the facility failed to maintain adequate dishwasher temperatures to ensure proper sanitation.</p> <p>The findings included:</p> <p>Review of the manufacturer's guidelines on the side panel of the dishwasher revealed "...WASH TANK TEMPERATURE 180 degrees F [Fahrenheit-temperature scale]...FINAL RINSE TEMPERATURE 180 degrees F..."</p> <p>Observation with the Dietary Director on 2/21/17 at 10:10 AM, of a high temperature dishwasher in the dishwasher room revealed a wash cycle</p>	F 371	<p>Continued From page 4</p> <p>2. All residents have the potential to be effected by the deficient practice.</p> <p>3. To ensure that the deficient practice does not recur, all dietary staff was educated by the Dietary Director on 2/21/17 regarding monitoring dish machine temperatures. The dish machine temperature will be recorded on a temperature log every shift by Dietary Aides. The log records the date and meal for both wash and rinse cycle temperatures. The Dietary Aides will log the temperatures along with their initials. The Dietary Director will in-service all dietary staff on recording the dish machine temperature on the Dish Machine Temperature Log by 03/15/17.</p> <p>4. An Audit will be conducted by the Dietary Director, or Dietary Manager, daily x 5, once a week x 3, then once a month x 6 to ensure that the dishwasher is reaching appropriate temperatures and that Dietary Aides are completing the temperature log properly. The Dietary Director will present audit results to the Quality Assurance Performance Improvement (QAPI) Committee monthly for review and further recommendations. QAPI Committee members include: Administrator, Director of Nursing, Staff Development Coordinator, Director of Social Services, Director of Dietary, Environmental Services Director, Nurse Unit Managers, Minimum Data Set Coordinator, Director of Rehab Services and Medical Director.</p>		

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F 371	Continued From page 5 temperature of 142 degrees F and a rinse cycle temperature of 162 degrees F.  Interview with the Dietary Director on 2/21/17 at 10:10 AM, in the dishwasher room confirmed the dishwasher temperatures were not adequate to ensure proper sanitation.	F 371			